

AGENCY'S LIST OF PARTIES & ATTORNEYS ON APPEAL

Case Title \_\_\_\_\_ vs. \_\_\_\_\_

Appeal Case No. \_\_\_\_\_ CI Admin. Agency No. \_\_\_\_\_

Agency Name \_\_\_\_\_ Hearing Officer \_\_\_\_\_

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<u>Name and Address of Party</u>	<u>Name and Address of Attorney of Record</u>
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\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Agency Representative

\_\_\_\_\_ Type or Print Name

Instructions: Send this list to the superior court where the appeal is filed.